

BUREAU OF INTERNAL AFFAIRS
Investigation Division
General Investigations Section

3 October 2011
LOG #1048985

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigation Division

ATTN: Lieutenant Susan Clark #320
Administration Section

FROM: Sergeant Joseph Maraffino #2563
Investigation Division
General Investigations Section

Subject: Firearm Discharge-Animal

Results: BAC .000
Reference: LOG #1048985
WD #11 8246
RD #NONE

**Incident
Location:** 

Date & Time: 2 October 2011, 2308 hours

W/C: Captain Walsh #107

**Involved
Member:** P/O Bob Oldenburger
Star #8777
Employee #9647
DOA 30 July 2001
DOB 009 July 1966
Unit 008

Narrative:

BUREAU OF INTERNAL AFFAIRS
Investigation Division
General Investigations Section

3 October 2011
LOG #1048985

R/Sgt arrived at 2200 and began the 20 minute observation period of P/O Bob Oldenburger at 2230 hours. P/O Bob Oldenburger was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" Form. The Breath Test was conducted at 2308 hours and the BAC was .000. The Drug Test was completed at 0030 hours. The Watch Commander was notified of the results.

A handwritten signature in black ink, appearing to read "J. Maraffino", written over a horizontal line.

Sergeant Joseph Maraffino #2563
Investigation Division
General Investigations Section

APPROVED:

A handwritten signature in black ink, appearing to read "L.S. Oll", followed by "#320", written over a horizontal line.

Commanding Officer
Administrative Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Bob OLDENBURGER Title PO
Star No. 8777 Employee No. [REDACTED] Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

| | | |
|------------------------------|-----------------------------|---|
| Print Member's Name | Involved Member's Signature | Date and Time |
| <u>Bob OLDENBURGER</u> | <u>B. Oldenburger</u> | <u>2 Oct 11 2320</u> |
| Type of Test: <u>Alcohol</u> | Location: <u>008th Dist</u> | Date and Time: <u>2 Oct 2011 - 2318</u> |
| Type of Test: <u>Drug</u> | Location: <u>008th Dist</u> | Date and Time: <u>2 Oct 2011 0030</u> |

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

| | | |
|----------------------------|----------------------------|------------------------|
| IAD Supervisor's Name | IAD Supervisor's Signature | Date and Time |
| <u>Sgt MARAFFINO #2503</u> | <u>[Signature] #2503</u> | <u>2 Oct 2011 2350</u> |

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Sgt. MARAFFINO

Signature of Employer Representative

PART I - A. On the 2 day of Oct, 2011 at 2330, I, Bob OLNEUBURGER,
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. MARAFFINO,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number 4932811

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 24168805

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

B. Olneuburger

STAR/EMP NO.

[REDACTED]

WITNESS'S SIGNATURE

DNA

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

Sgt. J. Maraffino

STAR/EMP NO.

2503

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine Specimen with the control number WM1824612P was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

C. Maraffino, on 10/03/11, at 1841
(DATE)

(TIME)

(EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

(RDTU MEMBER)

and then delivered to _____

(LAB MEMBER)

, on _____

(DATE)

, at _____

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 03 day of Oct 2011, I C.P. MOE # 26836
received a collected urine specimen from Xg [signature] # 2569. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by C.P. MOE in the presence
of X. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [redacted] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled [redacted].

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C.P. MOE, as witnessed by X [signature] # 2563

Specimen delivered by: X [signature] # 2563
Signature

Received/stored by: C.P. MOE # 26836
Signature

Last Name: OLDENBURGER

First Name: Bob

Rank: P/O

Star #: 8777

Unit: 008

Home Zip Code: -

Date Hired: 30 JUL 2001

Birthdate: [REDACTED]

CC: Sgt-TS

WD118246

10/03/11

Last Name: OLDENBURGER
First Name: Bob
Rank: P/O
Star #: 8777
Unit: 008
Home Zip Code: -
Date Hired: 30 JUL 2001
Birthdate: [REDACTED]

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

Sgt. MARAFFINO

Signature of Employer Representative

PART I -

A. On the 2 day of Oct, 2011 at 2330, I, Bob OLNEUBURGER

(TIME)

(PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Sgt. MARAFFINO

and witnessed this member:

(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 24168805

A

B

MAIN TEST VIAL - NO.

ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number WN118246AEP was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

(STAFF MEMBER'S SIGNATURE)

, on

(DATE)

, at

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number

was removed from the Random Drug Testing Unit refrigerator by

(RDTU MEMBER)

and then delivered to

(LAB MEMBER)

, on

(DATE)

, at

(TIME)

Specimen received by

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 03 day of Oct 2011, 1 C.P. MOE # [REDACTED]
received a collected urine specimen from X Sgt. J. Marafino # 2563. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by C.P. MOE in the presence
of X. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by C.P. MOE, as witnessed by X Sgt. J. Marafino # 2563

Specimen delivered by: X Signature # [REDACTED]

Received/stored by: C.P. MOE Signature # [REDACTED]

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40015057

4932811

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No. FROM TO CAPUSONE

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99) WETPON DISQUALIFY

G. Drug Tests to be Performed:

ALCOHOL SAF 10-30/2000 4/03

H. Collection Site Name:

006th Dist

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X [Signature]
Signature of Collector

(Print) Collector's Name (First, MI, Last)

Time of Collection

2:00 PM
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X [Signature]
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

X [Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

X [Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

CPD 0017397



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Bob OLDENBURGER Title P/O
Star No. 8777 Employee No. 9647 Unit 008

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

| | | |
|---|--|---|
| Print Member's Name <u>Bob OLDENBURGER</u> | Involved Member's Signature <u>B. Oldenburger</u> | Date and Time <u>2 Oct 11 2320</u> |
| Type of Test: Alcohol | Location: <u>008th Dist</u> | Date and Time: <u>2 Oct 2011 - 2310</u> |
| Type of Test: Drug | Location: <u>008th Dist</u> | Date and Time: <u>2 Oct 2011 0030</u> |

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

| | | |
|---|--|---|
| IAD Supervisor's Name <u>Sgt MARAFFINO #2563</u> | IAD Supervisor's Signature <u>[Signature] #2563</u> | Date and Time <u>2 Oct 2011 2355</u> |
|---|--|---|

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